



VERMONT

AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

July 19, 2012

Ms. Kelly Mazza, Administrator
Arbors RCH
687 Harbor Road
Shelburne, VT 05482

Provider #: 0102

Dear Ms. Mazza:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **May 30, 2012**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script, reading "Pamela M. Cota".

Pamela M. Cota, RN, MS
Licensing Chief

PC:ne

Enclosure



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0102	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	Licensing and Protection	(X3) DATE SURVEY COMPLETED C 05/30/2012
NAME OF PROVIDER OR SUPPLIER ARBORS			STREET ADDRESS, CITY, STATE, ZIP CODE 687 HARBOR ROAD SHELBURNE, VT 05482		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on-site re-licensure and complaint survey was conducted from 5/29/12 - 5/30/12. The following deficiencies were found related to complaint allegations (related to required facility self report) and the annual survey.	R100			
R126 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.a Upon a resident's admission to a residential care home, necessary services shall be provided or arranged to meet the resident's personal, psychosocial, nursing and medical care needs. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to assure that 1 of 8 residents in the total sample received the necessary services to meet their nursing care needs. (Resident #1) Findings include: Per closed record review on 5/29/12, Resident #1 sustained 2 unwitnessed falls and nurses failed to document and show evidence of a complete assessment of resident clinical status post falls. Review of the progress notes from 8/14/11 and 8/15/11 show incomplete assessment of vital signs and no evidence of assessment of neurological signs/symptoms. The nurse documented only blood pressure and pulse after each fall for vital signs. The progress notes from 8/14/11 also included changes in clinical symptoms shortly after the fall including vomiting	R126	<i>See attached</i>		

Division of Licensing and Protection

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

TERK11

If continuation sheet 1 of 5

Amc

Division of Licensing and Protection
STATE FORM

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0102	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/30/2012
NAME OF PROVIDER OR SUPPLIER ARBORS			STREET ADDRESS, CITY, STATE, ZIP CODE 687 HARBOR ROAD SHELBURNE, VT 05482		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R200	Continued From page 2 Policy/Procedure. Findings include: Per review of a closed record on 5/29/11, nurses documented 2 unwitnessed falls by Resident #1 on 8/14/11 and 8/15/11 and nurses failed to document evidence of a neurological exam as required by the Falls Policy/Procedure. The facility's Falls Policy/Procedure stated that staff must "Assess resident immediately for injury, paying close attention to neuro, skin and orthopedic exam. Take vital signs." During interview on 5/30/12 at 9:30 AM, the RCD confirmed that although the Falls Policy/Procedure requires a neuro assessment, there was no designated flow sheet with instructions for nurse to follow to complete this assessment when required. Refer also to R126.	R200			
R247 SS=E	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to assure that all perishable foods were held at the proper temperatures for 1 of 2 kitchen observations during the 2 days of survey. Findings include: 1. Per observation of the kitchen on 5/29/12 at 11:00 AM, a hot box used to maintain cooked foods (hamburgers that day) at the proper	R247		<p><i>See attached</i></p> <p><i>R247 POC accepted per T.C. 7/12/12 Bill Dardson</i></p> <p><i>FSD will monitor for compliance</i></p> <p><i>My Beth RN</i></p>	

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0102	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/30/2012
NAME OF PROVIDER OR SUPPLIER ARBORS		STREET ADDRESS, CITY, STATE, ZIP CODE 687 HARBOR ROAD SHELBURNE, VT 05482		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R247	Continued From page 3 temperatures for holding, did not have a working thermometer to indicate the inside temperature of the box, to assure safe food handling. The temperature gage on the bottom of the box was not functioning at the time of the observation. Although a thermometer placed in the hot box indicated that the temperature was above 140 degrees Fahrenheit (F) at 146 degrees F., staff did not routinely place a thermometer in the box for checking temperatures. 2. Per observation of the single door reach-in refrigerator at 11:22 AM, the temperature read 50 degrees F. After being closed for 5 minutes, the temperature of pudding stored in this refrigerator was 43 degrees F., above the safe upper limit of 40 degrees F. for refrigerated food storage. The food was thrown out and the Maintenance Director, who was present, was apprised. The above perishable food handling safety concerns were confirmed by the Food Service Director (FSD) at the time of the tour.	R247	<i>See attached</i>	
R248 SS=E	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.c. All work surfaces are cleaned and sanitized after each use. Equipment and utensils are cleaned and sanitized after each use and stored properly. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to assure that clean dishware and utensils were stored properly at all times and that all work surfaces and equipment were clean and sanitary. Findings include:	R248		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0102	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/30/2012
NAME OF PROVIDER OR SUPPLIER ARBORS		STREET ADDRESS, CITY, STATE, ZIP CODE 687 HARBOR ROAD SHELBURNE, VT 05482		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R248	<p>Continued From page 4</p> <p>Per observation of the dishroom area of the kitchen on 5/29/12 at 1045 AM, the following unsafe storage areas were noted:</p> <ul style="list-style-type: none"> a. Clean glassware was seen stored in racks under the exit counter of the mechanical dishwasher, directly next to a machine drainage pipe, which exited into an open drain. b. Rubber gloves and an apron was observed lying on a 'clean' dish rack on the clean side of the dishroom. c. Dish racks identified as not clean were observed stored directly against a clean dish storage rack (left side), from the floor up to the level and next to the clean eye wash station (right side). d. Rubber floor mats were observed stored on a broken dish rack stored under the eye wash station. e. The hand wash sink was visibly soiled with dirt in the clean area of the dishroom. <p>In the main kitchen, the door to the ice machine was cracked at the bottom edge and held together with soiled duct tape. The bottom areas of the hot box were visibly soiled with a build up of dirt.</p> <p>During these observations, accompanied by the FSD and the Maintenance Director, the lack of sufficient storage space for clean dishware and unclean areas were confirmed by the surveyor and facility staff.</p>	R248	<p><i>See attached</i></p> <p><i>FSD will monitor for compliance</i></p> <p><i>R248 POC accepted per T.C. 7/12/12 addendum - Bill Davidson, RCD</i></p> <p><i>Mary Becher, RMD</i></p>	

Plan of Correction

ID PREFIX TAGS	PROVIDERS PLAN OF CORRECTION	COMPLETE DATE
R126	Nurses will be re-trained in how to complete an assessment of a resident's clinical status post falls which will include a set of vital signs, neuro-checks, and an orthopedic exam. Discussion will also include the expectation to contact the physician when there is a change in condition of a resident.	08/01/2012
	A new <u>Assessment Flow Sheet</u> (attached) will be put into practice which will assist the nurses in accurately documenting the vital signs and neuro-checks. The timelines for assessing neurological signs/symptoms will continue to be directed by the physician.	08/01/2012
	These plans will be reviewed and discussed at a mandatory nurses meeting. The changes will also be incorporated into the orientation of new nurses during our on-boarding process.	08/01/2012
	Random audits will be conducted by the resident care coordinator during the 3 rd and 4 th quarters of 2012 to determine compliance with these changes. The results of the audits will be reviewed at the Quality Assessment Committee at the end of the 3 rd and 4 th quarters of 2012. <i>RCD will monitor for compliance</i> <i>per T.C. POC accepted 7/12/12 with addendum May Balto RCD</i>	
R200	A new <u>Assessment Flow Sheet</u> (attached) will be put into practice which will assist the nurses in accurately documenting the vital signs and neuro-checks. <i>RCD will monitor for compliance</i> <i>POC accepted per T.C. addendum 7/12/12 May Balto RCD</i>	08/01/2012
R247	Daily Temperature Checks recorded and audited.	06/01/2012
	Thermometer replaced.	06/01/2012
	All kitchen staff re-trained on proper food storage and equipment maintenance.	06/01/2012
	New fan motor and temperature sensor were replaced in reach-in refrigerator. <i>FSD will monitor for compliance</i> <i>POC accepted per T.C. 7/12/12 & addendum. May Balto RCD</i>	06/01/2012

R248	Complete cleaning of Kitchen.	06/01/2012
	Re-training of current staff and revising on-boarding of new staff to account for cleaning assignments.	08/01/2012
	Real-time (to account for hand-sink cleaning), daily, weekly and monthly checklists for kitchen cleaning assignments will be developed and implemented to reinforce practice.	08/01/2012
	Re-organization of dish room area to ensure proper distance between clean and dirty dishes, as well as safe placement of utensils, glassware, etc.	06/01/2012
	Moved glass wear to shelving across from dishwasher	05/30/2012
	Rubber floor mat will be stored in the chemical closet when not in use.	05/30/2012
	Broken dish rack was discarded from community.	05/30/2012
	Moved and store rubber gloves and apron in chemical room.	05/30/2012
	Install shelving above eyewash station to create safer, usable space for storage.	07/13/2012
	Replace broken door on Ice machine.	07/13/2012
<p><i>FSD will monitor compliance</i></p> <p><i>R248 PIC accepted 7/12/12</i></p> <p><i>C. Bel/Davidson RCD</i></p> <p><i>Mary Bolts, RN</i></p>		